Tier 2 Online Submission Report

E-Plan - University of Texas at Dallas January 1, 2011 - December 31, 2011

REDACTED VERSION

Facility Name ADAIR GRAIN, INC. DBA WEST FERTILIZER CO.

-76691, USA

Facility ID

3587985

Company Name

Facility Email

Department Name

Mail Address

P.O. BOX 399, WEST, TX - 76691

Physical Address

1471 N. JERRY MASHEK DRIVE, WEST, McLennan county, TX

Latitude / Longitude

31.815712 / -97.087349

Location Description

Method of Determination

NAICS

325314 - Fertilizer (Mixing Only) Manufacturing

Dun & Bradstreet

Facility Note

Contact Information	Name	Phone	Email	Mail address
Emergency Contact	JERRY SINKULE	(b) (6) (Home)	WESTFERTILIZER@SBCGL0	OBAL.NET (b) (6) , WEST, , TX - 76691, USA
Fire Department	CODY DRAGOO	254-709-9931 (24-hour)	WESTFERTILIZER@SBCGL0	OBAL.NET (b) (6) - 76691, USA
Other - GENERAL MANAGER	TED UPTMORE, SR.	(b) (6) (Home)	WESTFERTILIZER@SBCGL0	OBAL.NET <mark>(b) (6)</mark> , , TX - 76691,
		254-709-1518 (24-hour)		USA
Owner / Operator	DONALD ADAIR	254-709-0075 (24-hour)	WESTFERTILIZER@SBCGLG	OBAL.NET(b) (6) WEST, , TX -
		(b) (6) (Home)		76691, USA

Chemical Inventory Information

Chemical Description	Physical & Health Hazards	Inventory	Mixture components	Storage locations and codes (Non- Confidential)
CAS <u>7664417</u> Trade Secret []	Fire []	100,000 Max. Daily Amount	Chemical Name-GAS	1) SOUTH OF DRY FERTILIZER PLANT: Type A,
Chem. Name ANHYDROUS AMMONIA	Pressure [X]	100,000 Avg. Daily Amount	(CAS 7664417)	Pressure 1, Temperature 4
Pure [X] Mixture [] Solid [] Liquid [] Gas [X]	Reactive []	365 No. of Days On-site	Percentage-82.0	
EHS [X]	Acute [X]		Unit-wt	
	Chronic []			
State Specific Information				
No State specific information				
CAS 60515 Trade Secret []	Fire []	999 Max. Daily Amount	Chemical Name-DIMETHOATE	1) 23: Type N, Pressure 1, Temperature 4
Chem. Name DIMETHOATE OR DIMATE 4	Pressure []	999 Avg. Daily Amount	(CAS 60515)	
Pure [] Mixture [X] Solid [] Liquid [X] Gas [X]	Reactive [X]	365 No. of Days On-site	Percentage-0.0	

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	Physical			
Chemical Description	& Health	Inventory	Mixture components	Storage locations and codes
	Hazards			(Non- Confidential)
EHS [X]	Acute [X]		Unit-Wt	
	Chronic []			
State Specific Information				
No State specific information				
CAS <u>2921882</u> Trade Secret []	Fire [X]	999 Max. Daily Amount		1) #23 CHEMICAL STORAGE WAREHOUSE: Type N,
Chem. Name LORSBAN 4E	Pressure []	999 Avg. Daily Amount		Pressure 1, Temperature 4
Pure [X] Mixture [] Solid [] Liquid [X] Gas []	Reactive [X]	365 No. of Days On-site		
EHS[]	Acute [X]			
	Chronic []			
State Specific Information				
No State specific information				
CAS <u>2921882</u> Trade Secret []	Fire [X]	999 Max. Daily Amount	Chemical Name-CHLORPYRIFOS	1) #23 CHEMICAL STORAGE WAREHOUSE: Type N,
Chem. Name <u>YUMA</u>	Pressure []	999 Avg. Daily Amount	(CAS 2921882)	Pressure <u>1</u> , Temperature <u>4</u>
Pure [X] Mixture [] Solid [] Liquid [X] Gas []	Reactive [X]	365 No. of Days On-site	Percentage-44.9	
EHS[]	Acute [X]		Unit-Wt	
	Chronic [X]			
State Specific Information				
No State specific information				

State Specific Information

Initial Filing []				
Updated Filing []				
Annual Filing [X]				
Confidential Chemical Storage Locations Included				

EPCRA 302 Submission - Checking the EPCRA 302 Submission box means an EHS (Extremely Hazardous Substance) chemical is present at its Threshold Planning Quantity (TPQ) and thereby takes the

place of the "Emergency Planning Letter" or EPL []

TXT2 Number - Please use the TXT2 number that has been previously assigned to your owner/operator. New filers please contact the Texas Tier II Program at tiertwohelp@dshs.state.tx.us or 800-452-2791 (In-Texas) or 512-834-6603 x 2439 66940

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 2, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

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DONALD ADAIR		
Name and official title of owner/operator OR owner/operator's authorized representative	Signature	Date signed